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APPLICANTS

Christophe Pierrat, Santa Clara, CA;
 Alfred K. Wong, Brooklin, MA;

** CONTINUING DATA ***** *for*
NONE

** FOREIGN APPLICATIONS ***** *for*
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* Examiner's Signature *[Initials]* Initials

ADDRESS
 22470
 HAYNES BEFFEL & WOLFELD LLP
 P O BOX 366
 HALF MOON BAY , CA
 94019

TITLE
 Mask data preparation

FILING FEE RECEIVED 645	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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